

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37105

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Bobby Burt Jones

3. (b) If veteran,
name war

3. (c) Social Security No.

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife. Max Mrs. B.A. Jones 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 10 31 48
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 days hr. min.

9. Birthplace Joplin, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Mr. Bobby Albert Jones
13. Birthplace Jalena, Kansas (City, town, or county) (State or foreign country)
14. Maiden name Mrs. Virginia Jones
15. Birthplace Jesse, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Bobby A. Jones

(b) Address

17. (a) Burial (b) Date thereof 11-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celt Hill

18. (a) Signature of funeral director Robert Fernal Home

(b) Address Jalena, Kansas

19. (a) 11-15-48 (b) Ed. D. Jones
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Jalena
(If outside city or town limits, write "RURAL")
(d) Street No. 208 W. 5th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1948 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from October 31, 1948, to November 15, 1948,
that I last saw him alive on November 15, 1948,
and that death occurred on the date and hour stated above.
Immediate cause of death Transfusion Reaction Duration 15 min

Due to Prematurity 2 wks.

Due to

Other conditions Upper Respiratory infection 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations 139
Of autopsy 139
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury 10

23. Signature Burlingame Delgado (M. D. or other) MD
410 Jackson Joplin, Mo. Date signed 11/15/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.